

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Harris, Natalya				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Natalie Harris				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 5864				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 2214 Country Club Dr., Unit 26 Woodridge, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE 60517				ZIPCODE			
County of Residence or of the Principal Place of Business: DuPage				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):							
ZIPCODE							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9 Recognition of a Foreign <input type="checkbox"/> Chapter 11 Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 13 Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Harris, Natalya	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X /s/ C David Ward 11/24/15 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Harris, Natalya

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Natalya Harris

Signature of Debtor

Natalya Harris

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

November 24, 2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ C David Ward

Signature of Attorney for Debtor(s)

C David Ward 2938065

C. David Ward

1480 N. Orchard Rd. Ste. 110

Aurora, IL 60506

(630) 585-3164 Fax: (630) 551-7131

cdward1945@yahoo.com

November 24, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Case No. _____

Harris, Natalya

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 5,130.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 379.50	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12		\$ 124,512.19	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 1,353.00
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 1,620.00
TOTAL		27	\$ 5,130.00	\$ 124,891.69	

IN RE:

Case No. _____

Harris, Natalya

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 379.50
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 22,618.82
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 22,998.32

State the following:

Average Income (from Schedule I, Line 12)	\$ 1,353.00
Average Expenses (from Schedule J, Line 22)	\$ 1,620.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 600.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 379.50	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 124,512.19
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 124,512.19

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE Harris, Natalya

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand.		10.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase checking account.		20.00
		Link card for maintenance payment from estranged husband.		100.00
		US Bank checking account.		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods and furnishings.		500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing apparel.		500.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Harris, Natalya

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Nissan Altima		3,900.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

IN RE Harris, Natalya

Debtor(s)

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				5,130.00

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

IN RE Harris, Natalya

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor elects the exemptions to which debtor is entitled under:
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. *☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on hand.	735 ILCS 5/12-1001(b)	10.00	10.00
Chase checking account.	735 ILCS 5/12-1001(b)	20.00	20.00
Link card for maintenance payment from estranged husband.	735 ILCS 5/12-1001(b)	100.00	100.00
US Bank checking account.	735 ILCS 5/12-1001(b)	100.00	100.00
Household goods and furnishings.	735 ILCS 5/12-1001(b)	500.00	500.00
Wearing apparel.	20 ILCS 1805/10	500.00	500.00
2003 Nissan Altima	735 ILCS 5/12-1001(c)	2,400.00	3,900.00
	735 ILCS 5/12-1001(b)	1,500.00	

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Harris, Natalya

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE **Harris, Natalya**

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. Illinois Tollway 2700 Ogden Ave. Downers Grove, IL 60515-1703		unpaid tolls		X		379.50	379.50	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Totals of this page)

\$ **379.50** \$ **379.50** \$

Total

\$ **379.50**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **379.50** \$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		medical services		X		
Advanced Pediatrics Care Ltd. 300 Read St, Suite D Lockport, IL 60441-3265						20.00
ACCOUNT NO. 5638		OPEN ACCOUNT OPENED 0/		X		
Afni Po Box 3097 Bloomington, IL 61702						96.00
ACCOUNT NO.		medical services		X		
Assoc Clinic Of Psychology 3100 W. Lake St., Ste 210 Minneapolis, MN 55416						157.09
ACCOUNT NO. 9762		OPEN ACCOUNT OPENED 2/2011		X		
Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622						184.00
Subtotal (Total of this page)						\$ 457.09
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

11 continuation sheets attached

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Bca Financial Services Inc. 18001 Old Cutler Rd, Ste 462 Miami, FL 33157-6437		collections for Advocate Good Samaritan Hospital		X		80.97
ACCOUNT NO. Bca Financial Services Inc. 18001 Old Cutler Rd, Ste 462 Miami, FL 33157-6437		collections for Advocate Good Samaritan Hospital		X		149.75
ACCOUNT NO. Capital One 15000 Capital One Drive Richmond, VA 23238		unsecured credit		X		unknown
ACCOUNT NO. 1001 Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093		INSTALLMENT ACCOUNT OPENED 3/2011 Deficiency on repossessed 2011 Ford Expedition.		X		6,811.00
ACCOUNT NO. CBCS PO Box 165025 Columbus, OH 43216-5025		collections for Centerpoint Energy-Minnesota Gas		X		913.37
ACCOUNT NO. CBE Group 1309 Technology Pkwy Cedar Falls, IA 50613		collections for Dish Network		X		278.88
ACCOUNT NO. Center For Pain Management 1012 W. 95th St. Ste 2 Naperville, IL 60564		medical services		X		47.82

Sheet no. 1 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **8,281.79**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Chase Student Loans Po Box 78044 Phoenix, AZ 85062		unsecured credit		X		1,763.82
ACCOUNT NO. 8361 Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220		OPEN ACCOUNT OPENED 8/2011		X		351.00
ACCOUNT NO. Clinical Associates 1460 Market St., Ste 300 Des Plaines, IL 60016-4643		medical services		X		168.00
ACCOUNT NO. CPS Security PO Box 35 Kingsbury, TX 78638		collections for Walgreen's		X		110.66
ACCOUNT NO. Credit America 101 Grovers Mill Rd., Ste 303 Lawrenceville, NJ 08648-4706		unsecured credit		X		83.21
ACCOUNT NO. Music & Arts Centers 4626 Wedgewood Boulevard Frederick, MD 21703-7159		Assignee or other notification for: Credit America				
ACCOUNT NO. Credit Collection Services Two Wells Avenue Dept. 587 Newton, MA 02459		collectins for Farmers Insurance Exchange		X		9,619.75

Sheet no. 2 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **12,096.44**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Credit Management LP 4200 International Parkway Carrollton, TX 75007-1912		collections for Comcast		X		440.75
ACCOUNT NO. 8912 Creditors Protection S 202 W State St Ste 300 Rockford, IL 61101		OPEN ACCOUNT OPENED 1/2011		X		57.00
ACCOUNT NO. Darien Woodridge FPD PO Box 88850 Carol Stream, IL 60188		medical services		X		1,085.50
ACCOUNT NO. Derm And Plas Surg 1124 Essington Rd. Joliet, IL 60435-8446		medical services		X		50.99
ACCOUNT NO. DuPage Emergency Physicians PO Box 366 Hinsdale, IL 60522		medical services		X		610.00
ACCOUNT NO. Dupage Medical Group 15921 Collections Center Drive Chicago, IL 60693		medical services		X		28.41
ACCOUNT NO. Edward Health Ventures 3471 Eagle Way Chicago, IL 60678		medical services		X		35.20

Sheet no. **3** of **11** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,307.85**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. First National Collection Bureau 610 Waltham Way Sparks, NV 89434		collections for Fashion Bug		X		665.32
ACCOUNT NO. Gary A. Rodgers DDS 433 N. Bolingbrook Dr. Bolingbrook, IL 60440-1954		medical services		X		3,429.00
ACCOUNT NO. Grove Dental Associates 6800 S. Main St., Third Floor Downers Grove, IL 60516-3493		medical services		X		142.00
ACCOUNT NO. Harris & Harris 111 West Jackson Blvd, Ste 400 Chicago, IL 60604		collections for Advocate Good Samaritan Hospital		X		1,253.06
ACCOUNT NO. Hennepin Faculty Associates 914 S. 8th Street, S600 Minneapolis, MN 55404-1228		medical services		X		308.00
ACCOUNT NO. 5455 Hunter Warfield 4620 Woodland Corporate Tampa, FL 33614		OPEN ACCOUNT OPENED 8/2014		X		3,799.00
ACCOUNT NO. Hunter Warfield 4620 Woodland Corporate Blvd Tampa, FL 33614		collections for Windsor Lakes Apartments		X		3,720.66

Sheet no. 4 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **13,317.04**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7001 I C System Po Box 64378 Saint Paul, MN 55164		OPEN ACCOUNT OPENED 0/		X		80.00
ACCOUNT NO. I C System 444 Highway 96 East, PO Box 64378 St. Paul, MN 55164-0378		collections for AT & T Mobility		X		493.95
ACCOUNT NO. 1001 I C System Inc Po Box 64378 Saint Paul, MN 55164		OPEN ACCOUNT OPENED 11/2012		X		96.00
ACCOUNT NO. 8001 I C System Inc Po Box 64378 Saint Paul, MN 55164		OPEN ACCOUNT OPENED 3/2015		X		493.00
ACCOUNT NO. ICS Inc. PO Box 1010 Tinley Park, IL 60477-9110		collections for Radiologists of DuPage		X		229.00
ACCOUNT NO. Javitch, Block & Rathbone 1100 Superior Ave., 18th Floor Cleveland, OH 44114-2518		Judgment entered in case 14 AR 1081 Collections for State Farm		X		40,167.60
ACCOUNT NO. Harry Chiles And Associates 1737 S. Naperville Rd., Ste 207 Wheaton, IL 60189-5894		Assignee or other notification for: Javitch, Block & Rathbone				

Sheet no. **5** of **11** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **41,559.55**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Illinois Secretary Of State Safety Responsibility Section 2701 South Dirksen Parkway Springfield, IL 62723		Assignee or other notification for: Javitch, Block & Rathbone				
ACCOUNT NO. Kendall Pointe Surgery Center PO Box 5998 Carol Stream, IL 60197-5998		medical services		X		102.08
ACCOUNT NO. Laboratory Corporation Of America PO Box 2240 Burlington, NC 27216		medical services		X		1,100.00
ACCOUNT NO. AMCA PO Box 1235 Elmsford, NY 10523-0935		Assignee or other notification for: Laboratory Corporation Of America				
ACCOUNT NO. Lisle Woodridge Fire District 1005 School St. Lisle, IL 60532		medical services		X		1,135.50
ACCOUNT NO. 9499 Lou Harris Company 1040 S Milwaukee Ave Ste Wheeling, IL 60090		OPEN ACCOUNT OPENED 8/2011		X		102.00
ACCOUNT NO. 4507 Med Busi Bur 1460 Renaissance Dr Park Ridge, IL 60068		OPEN ACCOUNT OPENED 7/2014		X		588.00

Sheet no. 6 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,027.58**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Medical Business Bureau LLC 1175 Devin Dr., Ste 173 Norton Shores, MI 49441		collections for DuPage Emergency Phys.		X		2,130.00
ACCOUNT NO. 0740 Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606		OPEN ACCOUNT OPENED 1/2014		X		261.00
ACCOUNT NO. Municipal Services Bureau PO Box 16755 Austin, TX 78761-6755		collections for City of Evanston		X		125.00
ACCOUNT NO. Naperville Radiologists 6910 S Madison Street Willowbrook, IL 60527		medical services		X		903.00
ACCOUNT NO. National Pain Centers LLC 21720 W. Long Grove Rd C200 Deer Park, IL 60010-3732		medical services		X		50.00
ACCOUNT NO. NCC 120 N. Keyser Avenue Scranton, PA 18504		collections for Acute Care Specialists Inc.		X		627.00
ACCOUNT NO. Neuromed Clinic LLC 3 S 517 Winfield Rd, Ste A Woodridge, IL 60555		medical services		X		351.00

Sheet no. 7 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,447.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Northland Group Inc. PO Box 390846 Minneapolis, MN 55439		collections for Bank of Marin		X		693.21
ACCOUNT NO. Northwestern Medical Faculty Foundation 38693 Eagle Way Chicago, IL 60678-1386		medical services		X		353.08
ACCOUNT NO. Physicians Immediate Care-Chicago PO Box 8799 Carol Stream, IL 60197-8799		medical services		X		16.47
ACCOUNT NO. 9634 Pinnacle Credit Servic Po Box 640 Hopkins, MN 55343		OPEN ACCOUNT OPENED 2/2014		X		1,776.00
ACCOUNT NO. Portfolio Recovery Associates, LLC 120 Corporate Blvd. Norfolk, VA 23502		collections for Capital One NA		X		1,887.05
ACCOUNT NO. Premier Pain Specialists 2447 Momentum Place Chicago, IL 60689-5325		medical services		X		16.27
ACCOUNT NO. Quest Diagnostics PO Box 809403 Chicago, IL 60680		medical services		X		490.43

Sheet no. 8 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **5,232.51**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Radiologists Of DuPage 520 E. 22nd St. Lombard, IL 60148		medical services		X		42.00
ACCOUNT NO. Riverside Psychiatric & Counseling Assoc 1341 Warren Ave. Ste B Downers Grove, IL 60515-3437		medical services		X		250.00
ACCOUNT NO. Seas And Associates PO Box 15174 Little Rock, AR 72231		collections for Blast Fitness Downers Grove		X		121.46
ACCOUNT NO. 1810 Security Credit Servic 2653 W Oxford Loop Oxford, MS 38655		OPEN ACCOUNT OPENED 12/2013		X		4,350.00
ACCOUNT NO. Southwest Credit Systems 4120 International Pkwy, Ste 1100 Carrollton, TX 75007-1958		collections for AT & T		X		92.74
ACCOUNT NO. 5603 Stellar Recovery Inc 1327 Highway 2 Wes Kalispell, MT 59901		OPEN ACCOUNT OPENED 9/2012		X		360.00
ACCOUNT NO. 5281 Stellar Recovery Inc 1327 Highway 2 Wes Kalispell, MT 59901		OPEN ACCOUNT OPENED 12/2014		X		179.00

Sheet no. **9** of **11** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **5,395.20**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Suburban Lung Associates PO Box 2776 Carol Stream, IL 60132-2776		medical services		X		426.90
ACCOUNT NO. The Borland Law Firm LLC PO Box 671136 Marietta, GA 30066		collections for Aimco Highcrest Townhomes- Woodridge IL		X		4,350.11
ACCOUNT NO. Transworld Systems 1375 East Woodfield Rd. #110 Schaumburg, IL 60173		collections for M&M Orthopaedics		X		20.00
ACCOUNT NO. Transworld Systems P.O. Box 2235 Mercury Way, Suite 275 Santa Rosa, CA 95407		collections for Endocrinology		X		58.28
ACCOUNT NO. 7953 Unique National Collec 119 E Maple St Jeffersonville, IN 47130		OPEN ACCOUNT OPENED 12/2012		X		281.00
ACCOUNT NO. 8581 Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707		INSTALLMENT ACCOUNT OPENED 9/2010		X		13,183.00
ACCOUNT NO. 8581 Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707		INSTALLMENT ACCOUNT OPENED 11/2009		X		7,672.00

Sheet no. 10 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **25,991.29**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Harris, Natalya

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Verizon Wireless PO Box 4002 Acworth, GA 30101		unsecured credit		X		795.59
ACCOUNT NO. Wakefield & Associates PO Box 58 830 E. Platte Ave Unit A Fort Morgan, CO 80701		collections for Darien Woodridge FPD		X		1,341.50
ACCOUNT NO. Waste Management PO Box 4647 Carol Stream, IL 60197-4647		unsecured credit		X		145.81
ACCOUNT NO. Womens Center For Health 1220 Hobson Rd, Ste 116 Naperville, IL 60540		medical services		X		15.55
ACCOUNT NO. Woodridge Family Dental 7440 Woodward Ave. Ste J Woodridge, IL 60517		medical services		X		100.40
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 11 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,398.85**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$ **124,512.19**

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Debtor 1

Natalya Harris

First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0.00	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 0.00	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ _____
8b. Interest and dividends	8b. \$ 0.00	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ _____
8d. Unemployment compensation	8d. \$ 0.00	\$ _____
8e. Social Security	8e. \$ 753.00	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ _____
8g. Pension or retirement income	8g. \$ 0.00	\$ _____
8h. Other monthly income. Specify: Contribution From Adult Daughter	8h. + \$ 600.00	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,353.00	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,353.00 +	\$ _____ = \$ 1,353.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 1,353.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: None		

Fill in this information to identify your case:

Debtor 1 Natalya Harris
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

☒ No

☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,150.00

If not included in line 4:

4a. Real estate taxes 4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00

4d. Homeowner's association or condominium dues 4d. \$ 0.00

Debtor 1

Natalya Harris

First Name

Middle Name

Last Name

Case number (if known)

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ **0.00**

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ **11.00**

6b. Water, sewer, garbage collection

6b. \$ **0.00**

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ **74.00**

6d. Other. Specify: _____

6d. \$ **0.00**

7. **Food and housekeeping supplies**

7. \$ **225.00**

8. **Childcare and children's education costs**

8. \$ **0.00**

9. **Clothing, laundry, and dry cleaning**

9. \$ **50.00**

10. **Personal care products and services**

10. \$ **50.00**

11. **Medical and dental expenses**

11. \$ **60.00**

12. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ **0.00**

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ **0.00**

14. **Charitable contributions and religious donations**

14. \$ **0.00**

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ **0.00**

15b. Health insurance

15b. \$ **0.00**

15c. Vehicle insurance

15c. \$ **0.00**

15d. Other insurance. Specify: _____

15d. \$ **0.00**

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ **0.00**

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ **0.00**

17b. Car payments for Vehicle 2

17b. \$ **0.00**

17c. Other. Specify: _____

17c. \$ **0.00**

17d. Other. Specify: _____

17d. \$ **0.00**

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

18. \$ **0.00**

19. **Other payments you make to support others who do not live with you.**

Specify: _____

\$ **0.00**

19.

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ **0.00**

20b. Real estate taxes

20b. \$ **0.00**

20c. Property, homeowner's, or renter's insurance

20c. \$ **0.00**

20d. Maintenance, repair, and upkeep expenses

20d. \$ **0.00**

20e. Homeowner's association or condominium dues

20e. \$ **0.00**

Debtor 1

Natalya Harris

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: _____

21. **+\$ 0.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 1,620.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 1,353.00**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 1,620.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ -267.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Harris, Natalya
2214 Country Club Dr., Unit 26
Woodridge, IL 60517

CBCS
PO Box 165025
Columbus, OH 43216-5025

Creditors Protection S
202 W State St Ste 300
Rockford, IL 61101

C. David Ward
1480 N. Orchard Rd. Ste. 110
Aurora, IL 60506

CBE Group
1309 Technology Pkwy
Cedar Falls, IA 50613

Darien Woodridge FPD
PO Box 88850
Carol Stream, IL 60188

Advanced Pediatrics Care Ltd.
300 Read St, Suite D
Lockport, IL 60441-3265

Center For Pain Management
1012 W. 95th St. Ste 2
Naperville, IL 60564

Derm And Plas Surg
1124 Essington Rd.
Joliet, IL 60435-8446

Afni
Po Box 3097
Bloomington, IL 61702

Chase Student Loans
Po Box 78044
Phoenix, AZ 85062

DuPage Emergency Physicians
PO Box 366
Hinsdale, IL 60522

AMCA
PO Box 1235
Elmsford, NY 10523-0935

Choice Recovery
1550 Old Henderson Rd St
Columbus, OH 43220

Dupage Medical Group
15921 Collections Center Drive
Chicago, IL 60693

Assoc Clinic Of Psychology
3100 W. Lake St., Ste 210
Minneapolis, MN 55416

Clinical Associates
1460 Market St., Ste 300
Des Plaines, IL 60016-4643

Edward Health Ventures
3471 Eagle Way
Chicago, IL 60678

Atg Credit
1700 W Cortland St Ste 2
Chicago, IL 60622

CPS Security
PO Box 35
Kingsbury, TX 78638

First National Collection Bureau
610 Waltham Way
Sparks, NV 89434

Bca Financial Services Inc.
18001 Old Cutler Rd, Ste 462
Miami, FL 33157-6437

Credit America
101 Grovers Mill Rd., Ste 303
Lawrenceville, NJ 08648-4706

Gary A. Rodgers DDS
433 N. Bolingbrook Dr.
Bolingbrook, IL 60440-1954

Capital One
15000 Capital One Drive
Richmond, VA 23238

Credit Collection Services
Two Wells Avenue Dept. 587
Newton, MA 02459

Grove Dental Associates
6800 S. Main St., Third Floor
Downers Grove, IL 60516-3493

Capital One Auto Finan
3901 Dallas Pkwy
Plano, TX 75093

Credit Management LP
4200 International Parkway
Carrollton, TX 75007-1912

Harris & Harris
111 West Jackson Blvd, Ste 400
Chicago, IL 60604

Harry Chiles And Associates
1737 S. Naperville Rd., Ste 207
Wheaton, IL 60189-5894

Javitch, Block & Rathbone
1100 Superior Ave., 18th Floor
Cleveland, OH 44114-2518

Naperville Radiologists
6910 S Madison Street
Willowbrook, IL 60527

Hennepin Faculty Associates
914 S. 8th Street, S600
Minneapolis, MN 55404-1228

Kendall Pointe Surgery Center
PO Box 5998
Carol Stream, IL 60197-5998

National Pain Centers LLC
21720 W. Long Grove Rd C200
Deer Park, IL 60010-3732

Hunter Warfield
4620 Woodland Corporate Blvd
Tampa, FL 33614

Laboratory Corporation Of America
PO Box 2240
Burlington, NC 27216

NCC
120 N. Keyser Avenue
Scranton, PA 18504

Hunter Warfield
4620 Woodland Corporate
Tampa, FL 33614

Lisle Woodridge Fire District
1005 School St.
Lisle, IL 60532

Neuromed Clinic LLC
3 S 517 Winfield Rd, Ste A
Woodridge, IL 60555

I C System
Po Box 64378
Saint Paul, MN 55164

Lou Harris Company
1040 S Milwaukee Ave Ste
Wheeling, IL 60090

Northland Group Inc.
PO Box 390846
Minneapolis, MN 55439

I C System
444 Highway 96 East, PO Box 64378
St. Paul, MN 55164-0378

Med Busi Bur
1460 Renaissance Dr
Park Ridge, IL 60068

Northwestern Medical Faculty Foundation
38693 Eagle Way
Chicago, IL 60678-1386

I C System Inc
Po Box 64378
Saint Paul, MN 55164

Medical Business Bureau LLC
1175 Devin Dr., Ste 173
Norton Shores, MI 49441

Physicians Immediate Care-Chicago
PO Box 8799
Carol Stream, IL 60197-8799

ICS Inc.
PO Box 1010
Tinley Park, IL 60477-9110

Merchants Credit Guide
223 W Jackson Blvd Ste 4
Chicago, IL 60606

Pinnacle Credit Servic
Po Box 640
Hopkins, MN 55343

Illinois Secretary Of State
Safety Responsibility Section
2701 South Dirksen Parkway
Springfield, IL 62723

Municipal Services Bureau
PO Box 16755
Austin, TX 78761-6755

Portfolio Recovery Associates, LLC
120 Corporate Blvd.
Norfolk, VA 23502

Illinois Tollway
2700 Ogden Ave.
Downers Grove, IL 60515-1703

Music & Arts Centers
4626 Wedgewood Boulevard
Frederick, MD 21703-7159

Premier Pain Specialists
2447 Momentum Place
Chicago, IL 60689-5325

Quest Diagnostics
PO Box 809403
Chicago, IL 60680

Transworld Systems
P.O. Box 2235 Mercury Way, Suite 275
Santa Rosa, CA 95407

Radiologists Of DuPage
520 E. 22nd St.
Lombard, IL 60148

Transworld Systems
1375 East Woodfield Rd. #110
Schaumburg, IL 60173

Riverside Psychiatric & Counseling Assoc
1341 Warren Ave. Ste B
Downers Grove, IL 60515-3437

Unique National Collec
119 E Maple St
Jeffersonville, IN 47130

Seas And Associates
PO Box 15174
Little Rock, AR 72231

Us Dept Of Ed/glelsl
Po Box 7860
Madison, WI 53707

Security Credit Servic
2653 W Oxford Loop
Oxford, MS 38655

Verizon Wireless
PO Box 4002
Acworth, GA 30101

Sigita Rimkiene
6266 Boca Rio Drive
Oak Forest, IL 60452

Wakefield & Associates
PO Box 58
830 E. Platte Ave Unit A
Fort Morgan, CO 80701

Southwest Credit Systems
4120 International Pkwy, Ste 1100
Carrollton, TX 75007-1958

Waste Management
PO Box 4647
Carol Stream, IL 60197-4647

Stellar Recovery Inc
1327 Highway 2 Wes
Kalispell, MT 59901

Womens Center For Health
1220 Hobson Rd, Ste 116
Naperville, IL 60540

Suburban Lung Associates
PO Box 2776
Carol Stream, IL 60132-2776

Woodridge Family Dental
7440 Woodward Ave. Ste J
Woodridge, IL 60517

The Borland Law Firm LLC
PO Box 671136
Marietta, GA 30066